

INSTRUCTIONS FOR AG-01
WHOLESALE'S MONTHLY REPORT OF CIGARETTES STAMPED AND "ROLL-YOUR-OWN" TOBACCO SOLD

If you are a licensed Georgia wholesale distributor, then you must complete this Form AG-01 and file it with the Attorney General within ten days after the end of the month for which the report is filed.

- If you are not sure whether a manufacturer is a "Nonparticipating Manufacturer" or a "Participating Manufacturer," a complete list of manufacturers and their brands can be found at www.law.ga.gov (go to Key Issues-Consumer Information-Tobacco Manufacturer and Brand Compliance).
- Do not list any cigarettes that you received from another wholesaler who has already affixed the Georgia excise tax stamp. Those already have been reported.
- Remember, if a manufacturer or brand is not on our list, then the cigarette or RYO cannot legally be possessed or sold in Georgia.
- This form asks you to report the number of individual cigarettes sold, not the number of packs or cartons.

PART A: PARTICIPATING MANUFACTURERS: Check the proper box to indicate whether you have or have not stamped cigarettes or paid taxes on Roll-Your-Own (RYO) tobacco manufactured by a "MSA Participating Manufacturer." If you have stamped or otherwise paid taxes, list each "MSA Participating Manufacturer" once and state the total number of ALL BRAND FAMILIES of each individual manufacturer's cigarettes stamped with a blue Georgia excise tax stamp during the month, and the total number of ounces of RYO you paid taxes on under the alternate method of taxation. List the names of the individual manufacturer's brand families sold during the month. It is acceptable to attach a spreadsheet to this form containing this information in lieu of completing this section. You are not required to attach supporting documentation of Participating Manufacturer sales, but you should retain your records for five (5) years unless otherwise required to keep them for a greater period of time. O.C.G.A. § 10-13A-3(e).

PART B: NONPARTICIPATING MANUFACTURERS: Check the proper box to indicate whether you have or have not stamped cigarettes or paid taxes on RYO tobacco manufactured by a "Nonparticipating Manufacturer." If you have stamped or otherwise paid taxes, list each "Nonparticipating Manufacturer" and brand family once and state the total number of individual cigarettes stamped with an orange Georgia excise tax stamp during the month, and number of ounces of RYO you paid taxes on under the alternate method of taxation.

A copy of all invoices showing your sale of the Non-Participating Manufacturer cigarettes or RYO to customers in Georgia must be attached to this report either in hard copy or electronic form. If you do not attached copies of your invoices, then we will return the form to you and it will have to be filled out again.

Please note: It is a crime to knowingly make false statements and writings, conceal facts, or submit fraudulent documents in matters within jurisdiction of the state or its political subdivisions and is punishable by fine, imprisonment, or both. Official Code of Georgia Section 16-10-20.

Please mail this report to:

**Georgia Department of Law
Consumer Interest Section
40 Capitol Square, SW
Atlanta, Georgia 30334**

WHOLESALE MONTHLY REPORT OF CIGARETTES STAMP AND "ROLL-YOUR-OWN" TOBACCO SOLD

WHOLESALE DISTRIBUTOR		PERSON COMPLETING REPORT	STATE LICENSE NO.	FOR CALENDAR MONTH/YEAR
E-MAIL ADDRESS	STREET ADDRESS		CITY,STATE,ZIP	PHONE #

PART A: PARTICIPATING MANUFACTURERS: CHECK ONE:

- ☐ **I have** stamped cigarettes manufactured by a Participating Manufacturer with a blue Georgia excise tax stamp or paid taxes under the alternative method of taxation on Roll-Your-Own tobacco (RYO) manufactured by a Participating Manufacturer during the month listed above.
- ☐ **I have not** stamped cigarettes manufactured by a Participating Manufacturer with a blue Georgia excise tax stamp or paid taxes under the alternative method of taxation on Roll-Your-Own tobacco (RYO) manufactured by a Participating Manufacturer during the month listed above.

LISTING OF PARTICIPATING MANUFACTURERS PRODUCTS:

Participating Manufacturer's Name	All Brand Families Sold	TOTAL # of Individual Cigarettes Stamped	Ounces of RYO Tobacco

WHOLESALE DISTRIBUTOR	PERSON COMPLETING REPORT	STATE LICENSE NO.	FOR CALENDAR MONTH/YEAR

PART B: NONPARTICIPATING MANUFACTURERS: CHECK ONE:

- ☐ **I have** stamped cigarettes manufactured by a Non-Participating Manufacturer with an orange Georgia excise tax stamp or paid taxes under the alternative method of taxation on Roll-Your-Own tobacco (RYO) manufactured by a Non-Participating Manufacturer during the month listed above.
- ☐ **I have not** stamped cigarettes manufactured by a Participating Manufacturer with a blue Georgia excise tax stamp or paid taxes under the alternative method of taxation on Roll-Your-Own tobacco (RYO) manufactured by a Participating Manufacturer during the month listed above.

BRAND SPECIFIC LIST OF ALL NON-PARTICIPATING MANUFACTURER PRODUCTS:

(ALL APPLICABLE NPM'S SALES INVOICES MUST BE ATTACHED TO YOUR REPORT OR IT WILL BE RETURNED.)

Nonparticipating Manufacturer's Name	Brand Name	Full Address	Country	# of Individual Cigarettes	Ounces of RYO Tobacco

Please mail this report to : Georgia Department of Law, Consumer Interest Section, 40 Capitol Square, SW, Atlanta, Georgia – 30334

This certification must be signed by an officer authorized to bind your company.

By executing this document, I confirm that my position with the company and my actual authority to certify on behalf of the applicant meets the forgoing requirements. Under penalty of perjury, I state that the information contained in this Certification and attachments is true and accurate.

Name: _____

Title: _____

Signature: _____

Date: _____

**RETURN TO
BE FILED
ON OR
BEFORE THE
10TH
DAY OF THE
MONTH**

**SAMPLE REPORT OF DISTRIBUTOR WHO STAMPED PM CIGARETTES DURING THE
MONTH BUT DID NOT STAMP NPM CIGARETTES DURING THE MONTH**
WHOLESALE'S MONTHLY REPORT OF CIGARETTES STAMP AND "ROLL-YOUR-OWN" TOBACCO SOLD

WHOLESALE DISTRIBUTOR		PERSON COMPLETING REPORT	STATE LICENSE NO.	FOR CALENDAR MONTH/YEAR
SAMPLE COMPANY		JOHN DOE	1234	JAN/2011
E-MAIL ADDRESS	STREET ADDRESS		CITY,STATE,ZIP	PHONE #
SAMPLE@SAMPLE.COM	123 SAMPLE STREET,		SAMPLE, GEORGIA 30123	404-123-1234

PART A: PARTICIPATING MANUFACTURERS: CHECK ONE:

- ☒ **I have** stamped cigarettes manufactured by a Participating Manufacturer with a blue Georgia excise tax stamp or paid taxes under the alternative method of taxation on Roll-Your-Own tobacco (RYO) manufactured by a Participating Manufacturer during the month listed above.
- ☐ **I have not** stamped cigarettes manufactured by a Participating Manufacturer with a blue Georgia excise tax stamp or paid taxes under the alternative method of taxation on Roll-Your-Own tobacco (RYO) manufactured by a Participating Manufacturer during the month listed above.

LISTING OF PARTICIPATING MANUFACTURERS PRODUCTS:

Participating Manufacturer's Name	All Brand Families Sold	TOTAL # of Individual Cigarettes Stamped	Ounces of RYO Tobacco
Phillip Morris	Marlboro, Basic, Benson & Hedges	3,000,000	0
King Maker Marketing	Checkers RYO, Gold Crest RYO, Hi-Val RYO	0	1000

WHOLESALE DISTRIBUTOR	PERSON COMPLETING REPORT	STATE LICENSE NO.	FOR CALENDAR MONTH/YEAR
SAMPLE COMPANY	JOHN DOE	1234	JAN/2011

PART B: NONPARTICIPATING MANUFACTURERS: CHECK ONE:

- ☐ I **have** stamped cigarettes manufactured by a Non-Participating Manufacturer with an orange Georgia excise tax stamp or paid taxes under the alternative method of taxation on Roll-Your-Own tobacco (RYO) manufactured by a Non-Participating Manufacturer during the month listed above.
- ☒ I **have not** stamped cigarettes manufactured by a Non-Participating Manufacturer with a blue Georgia excise tax stamp or paid taxes under the alternative method of taxation on Roll-Your-Own tobacco (RYO) manufactured by a Participating Manufacturer during the month listed above.

BRAND SPECIFIC LIST OF ALL NON-PARTICIPATING MANUFACTURER PRODUCTS:
(ALL APPLICABLE NPM'S SALES INVOICES MUST BE ATTACHED TO YOUR REPORT OR IT WILL BE RETURNED.)

Nonparticipating Manufacturer's Name	Brand Name	Full Address	Country	# of Individual Cigarettes	Ounces of RYO Tobacco

Please mail this report to : Georgia Department of Law, Consumer Interest Section, 40 Capitol Square, SW, Atlanta, Georgia – 30334

This certification must be signed by an officer authorized to bind your company.

By executing this document, I confirm that my position with the company and my actual authority to certify on behalf of the applicant meets the forgoing requirements. Under penalty of perjury, I state that the information contained in this Certification and attachments is true and accurate.

Name: John Doe

Title: CEO

Signature: _____

Date: February 10, 2011

RETURN TO
BE FILED
ON OR
BEFORE THE
10TH
DAY OF THE
MONTH